08/15/2011 18:37

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#### FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Authoniz				Office U	se Only	
1.	NAME OF COMMITTEE (in full)			AILING LAB R PRINT 🗑	<b>EL</b> [	Example:If typover the lines	oing, type				
Ш	American Academy of Op	hthalmology	y Inc P	olitical Com	mittee (OP	HTHPAC)					
1 ,		1 1 1			1 1 1	1 1 1 1					1
		ı 655	Beach	Street							
ADI	DRESS (number and street)	1									
Г	Check if different than previously	 C==	Гиана	:						4100	
	reported. (ACC)	San	Franc	ISCO				J LCA		4109	
2.	FEC IDENTIFICATION N	UMBER	*		CITY 🛋			STATE	<b>A</b>	ZIPCOD	E 🛕
	C00196246			3	B. IS THIS REPOR		NEW (N)	OR	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b)	Monti Repo	ort	Feb 20 (M	12)	May 20	(M5) X	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due (	On:	Mar 20 (N	13)	Jun 20	(M6)	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (N	14)	Jul 20 (	M7)	Oct 20 (M10)		Jan 31 (YE)
	Quarterly Repor	t(Q1)	(c)	12-Day		Primary (	12P)	Ge	eneral (12G)		Runoff (12R)
	July 15 Quarterly Repor	t(Q2)	l	PRE-Election		l		H			, ,
	October 15 Quarterly Report	t(Q3)	ļ	Report for th	ie:	Convention	on (126)	st	pecial (12G)		
	January 31 Quarterly Report	` ′		E	lection on				·	in the State of	
	July 31 Mid-Yea Report(Non-ele Year Only) (MY	ction )	l	30-Day  Post -Electi  Report for th		General (	30G)	Ru	unoff (30R)		Special (30S)
	Termination Re (TER)	port			lection on					in the State of	
5.	Covering Period	07	0 1	2011		throug	h _	07 3	1 2011		
l ce	ertify that I have examined th	nis Report a	nd to t	he best of m	ıy knowledç	ge and belief i	t is true, co	orrect and con	nplete.		
Тур	oe or Print Name of Treasur	er Ste	even R	ausch							
Sig	nature of Treasurer Elec	etronically F	iled by	Steven R	ausch			Date	08 1	5 2	2011
NO	TE : Submission of false, e	rroneous, o	r incor	mplete inforn	nation may	subject the p	erson sign	ing this Repor	t to the penalties	of 2 U.S.	.C 437g.
	Office Use								l l	FORN ev. 12/2004	

FEC Form 3X (Rev. 02/2003)

#### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand  January 1  2011		353076.28
	(b) Cash on Hand at Begining of Reporting Period	265628.42	
	(c) Total Receipts (from Line 19)	90114.62	288968.87
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	355743.04	642045.15
	Total Disbursements (from Line 31)	35202.33	321504.44
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	320540.71	320540.71
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Э.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

м м 0 7 0 1 м°м 0 7 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 72046.61 233792.27 (i) Itemized (use Schedule A) ...... 17703.01 54686.60 (ii) Unitemized ..... (iii) TOTAL (add 89749.62 288478.87 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 89749.62 288478.87 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 365.00 490.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 90114.62 288968.87 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 90114.62 288968.87 (subtract Line 18(c) from Line 19) .....

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#### DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	1202.33	16525.78
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	1202.33	16525.78
Transfers to Affiliated/Other Party     Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	34000.00	298500.00
4. Independent Expenditure		
(use Schedule E)	0.00	3900.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	2578.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	2578.66
(add Lines 28(a), (b), and (c))	0.00	2570.00
29. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35202.33	321504.44
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	25202.22	221504.44
from Line 31)	35202.33	321504.44

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	89749.62	288478.87
34.	Total Contribution Refunds (from Line 28(d))	0.00	2578.66
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	89749.62	285900.21
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1202.33	16525.78
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1202.33	16525.78

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to you Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Eric Adams  Mailing Address 6315 N Center Dr  Ste 230  City  Norfolk  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary General Other (specify)	State Zip Code VA 23502-4006  C  Occupation Ophthalmologist  Aggregate Year-to-Date   365.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 5C87460B-A257-4C77-  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial) Patrick Aiello  Mailing Address 275 W 28th St Attn: Marlene  City  Yuma  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code AZ 85364-7308  C  Occupation Ophthalmologist  Aggregate Year-to-Date   500.04	Date of Receipt  M M C D D C 2 7 2 0 1 1  Transaction ID: AF3A627F5B33B9B3EE  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial) Chad Anderson  Mailing Address 1811 W Royal Hunte Ste 1  City Cedar City  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	Dr  State Zip Code UT 84720-8174  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: F60281B23F8E245EF9  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)		1448.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	Ind Statements may not be sold or used by any p g the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Reginald George Ariyasu Mailing Address 3467 Stoner Ave  City Los Angeles FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code CA 90066-2819  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  365.00	Date of Receipt  O 7
Full Name (Last, First, Middle Initial) David Auerbach  Mailing Address 790 Concourse Pk Ste 200  City  Maitland  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	wy S  State Zip Code FL 32751-6114  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  730.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Steven Awner  Mailing Address 193 Viscount Dr  City Williamsville  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code NY 14221-1771  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  699.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (option	al)	929.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 74 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)  Mayssa Aziz-Toppino  Mailing Address 1715 E Highway 50  Ste A  City Clermont	State FL	Zip Code 34711-5187	Date of Receipt  0 7 0 7 2 0 1 1  Transaction ID: FBA79911B9076BE1C1:  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)   Other (specify)	Occupation Ophthali	on .	365.00
В.	Full Name (Last, First, Middle Initial) Tracy Baltz Mailing Address 2900 N Fillmore St  City	State	Zip Code	Date of Receipt  0 7 0 5 2 0 1 1  Transaction ID: 5999D590CFEB26802F4
	Little Rock  FEC ID number of contributing federal political committee.  Name of Employer	AR C	72207-2813	Amount of Each Receipt this Period 1000.00
	Self  Receipt For:  Primary General  Other (specify) ▼	Ophthali Aggregate	mologist e Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Arthur Basham Mailing Address 212 Oak Meadow Dr	1		Date of Receipt  0 7 0 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 855A5E987FC648032D
	Los Gatos  FEC ID number of contributing federal political committee.	CA	95032-4407	Amount of Each Receipt this Period  365.00
	Name of Employer Self	Occupation Ophthali		
	Receipt For:  Primary General  Other (specify) ▼	1 '	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1730.00
	TOTAL This Period (last page this line numbe	r onlv)		

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 74 (check only one)    X
or for commercial purposes, other the NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any pen using the name and address of any political committee almology Inc Political Committee (OPHTHPAC	e to solicit contributions from such committee.
Full Name (Last, First, Middle Init J. Bateman  Mailing Address 1133 Race S Unit 17N  City  Denver  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General  Other (specify)	<u> </u>	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 13 2011  Transaction ID: D571DB07106ED15801  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Init William Benevento Mailing Address 777 Tanglefor  City Bettendorf  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	<u> </u>	Date of Receipt  M M M / D D / Y Y Y Y Y Y  1 1 1 2 0 1 1  Transaction ID: 408C39F603CB6D0E5B  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Init Terry Bergstrom  Mailing Address 1000 Wall S Wk Kellogg  City Ann Arbor  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	<u> </u>	Date of Receipt  M M J D D J Z D J Z D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page	optional)	1230.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 74 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog			
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Andrew Berman Mailing Address 9630 Kenton Ave  City Skokie  FEC ID number of contributing federal political committee.	State IL C	Zip Code 60076-1216	Date of Receipt    M M
	Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthali Aggregate		
Б.	Full Name (Last, First, Middle Initial) John Bishop  Mailing Address 4707 Everhart Rd Ste 108	Date of Receipt  0 7 1 1 2 0 1 1		
	City Corpus Christi	State TX	Zip Code 78411-2751	Transaction ID: 910A44274AB595F7D68  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,0411,2701	365.00
	Name of Employer Self	Occupation Ophthali		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
- С.	Full Name (Last, First, Middle Initial) Kevin Blinder			Date of Receipt
C.	Mailing Address 1600 S Brentwood Bl Ste 800	vd		0 7 0 4 2 0 1 1
	City	State MO	Zip Code	Transaction ID: EF8035AD-875C-4CE4-
	Saint Louis FEC ID number of contributing federal political committee.	C	63144-1317	Amount of Each Receipt this Period  365.00
	Name of Employer Self	Occupation Ophthali		
	Receipt For:  Primary General  Other (specify) ▼	<del>-, '- '</del>	e Year-to-Date ▼ 365.00	
Γ				1095.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee gy Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Christopher Blodi Mailing Address 1501 50th St Ste 133 City West Des Moines FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General	State Zip Code IA 50266-5920  C  Occupation Ophthalmologist Aggregate Year-to-Date	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) Steven Bodine  Mailing Address 915 Palmer Rd Retina Consultations		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bronxville  FEC ID number of contributing federal political committee.  Name of Employer Self	State Zip Code NY 10708-3304  C  Occupation Ophthalmologist	Amount of Each Receipt this Period  41.67
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  291.69	
David Bogorad  Mailing Address 1120 15th St  City  Augusta  FEC ID number of contributing	State Zip Code GA 30912-0004	Date of Receipt    M M M
Federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 490.69	41.67
SUBTOTAL of Receipts This Page (optional)		448.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 74 (check only one)    X
\ \ !	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Chadwick Brasington Mailing Address 1016 Kirkpatrick Rd  City Burlington  FEC ID number of contributing federal political committee.  Name of Employer	State NC	Zip Code 27215-9714	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 2 0 1 1  Transaction ID: 418D9A2CEB57CB4D6B2  Amount of Each Receipt this Period  30.41
	Self  Receipt For:  Primary General  Other (specify) ▼	Ophthalr Aggregate	mologist e Year-to-Date ▼  212.87	
В.	Full Name (Last, First, Middle Initial) Frank Burns  Mailing Address 13324 Shelbyville Rd			Date of Receipt  0 7 0 6 2 0 1 1
	City  Louisville  FEC ID number of contributing federal political committee.  Name of Employer	State KY C	Zip Code 40223-3936	Transaction ID: 4EEB9EF752DD35E921E  Amount of Each Receipt this Period  83.34
	Receipt For: Primary General Other (specify)	Ophthalr		
С.	Full Name (Last, First, Middle Initial) Ronald Caronia  Mailing Address 360 Merrick Rd FI 3			Date of Receipt  0 7 0 5 2 0 1 1
	City  Lynbrook  FEC ID number of contributing federal political committee.	State NY	Zip Code 11563-2526	Transaction ID: 35D661D86FB41477A8D  Amount of Each Receipt this Period  365.00
	Name of Employer Self	Occupatio Ophthalr		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			478.75

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 74 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Jose Carro Soto  Mailing Address PO Box 9924  City Arecibo	State Se	Zip Code 00613-9924	Date of Receipt  0 7 1 1 2 0 1 1  Transaction ID: 6F0D9233354F03C0BB9  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	Occupatio Ophthalr Aggregate		365.00
В.	Full Name (Last, First, Middle Initial) Keith Carter Mailing Address 200 Hawkins Dr City	State	Zip Code	Date of Receipt  0 7 1 0 2 0 1 1  Transaction ID: 451AAD948E7EDB3C6EF2
	Iowa City  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Ophthalm		Amount of Each Receipt this Period  83.34
c.	Full Name (Last, First, Middle Initial) Denise Chamblee  Mailing Address 10 Jacobs Ln  City  Newport News  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State VA  C  Occupatio Ophthalr Aggregate		Date of Receipt  M M M / D D D 2 2 0 1 1  Transaction ID: 361A38FD60AAD291D7D  Amount of Each Receipt this Period  365.00
	SUBTOTAL of Receipts This Page (optional) .			813.34

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			son for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Peter Chen  Mailing Address 40 Elizabeth St Ste 508  City New York  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General	State NY  C Occupation Ophthalr Aggregate	mologist e Year-to-Date ▼	Date of Receipt    M M
— В.	Full Name (Last, First, Middle Initial) Philip Chen  Mailing Address 325 9th Ave # 359608  City  Seattle  FEC ID number of contributing federal political committee.  Name of Employer	State WA C	Zip Code 98104-2420	Date of Receipt  O 7
 C.	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Donald Cinotti  Mailing Address 600 Pavonia Ave Ste 6		e Year-to-Date ▼ 1000.00	Date of Receipt  07  18  2011
	City  Jersey City  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State NJ  C  Occupation Ophthalr  Aggregate		Transaction ID: 4829854422F02574BF4  Amount of Each Receipt this Period  100.00
SI	UBTOTAL of Receipts This Page (optional)			1130.42

Any information copied from such Reports and State or for commercial purposes, other than using the nation of the commercial purposes, other than using the national commercial purposes, other than using the nat		Date of Receipt  Date of Receipt  Transaction ID: 4F4BB8E96BFE97FE478  Amount of Each Receipt this Period  416.66
S. William William Clark  Mailing Address 502 Isabella St	GA 31501-3638	Transaction ID: 4F4BB8E96BFE97FE478  Amount of Each Receipt this Period
Waycross  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date  2916.62	
Full Name (Last, First, Middle Initial) Brian Connolly Mailing Address 28 Delancey Ct  City Pittsford  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code NY 14534-2700  C  Occupation Ophthalmologist Aggregate Year-to-Date  365.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: B3A8AC51B13FAE44825  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial) Russell Crain Mailing Address 11011 Hefner Pointe Dr Ste B  City Oklahoma City  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code OK 73120-5005  C  Occupation Ophthalmologist Aggregate Year-to-Date ▼  350.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 7669824A0AFB3ADD7D9  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)	·····	831.66

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	itatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
<b>A</b> .	Full Name (Last, First, Middle Initial) Thomas Crawford  Mailing Address 5050 NE Hoyt St Ste 445  City Portland  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code OR 97213-2984  C  Occupation Ophthalmologist  Aggregate Year-to-Date   365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: EF957B5AB1670CD51C9  Amount of Each Receipt this Period  365.00
В.	Full Name (Last, First, Middle Initial) Victor Crosby  Mailing Address 140 Trinity PI Bldg B  City Athens  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code GA 30607-2100  C  Occupation Ophthalmologist  Aggregate Year-to-Date   365.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Terry Croyle  Mailing Address 2375 S Main St  City  Moultrie  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code GA 31768-6517  C  Occupation Ophthalmologist  Aggregate Year-to-Date   575.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 7
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		760.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 74 (check only one)    X   11a
or for commercial purposes  NAME OF COMMITTEE	, other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M Terry Croyle Mailing Address 2375  City Moultrie  FEC ID number of contr federal political committee  Name of Employer Self	State GA		Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 1 1 1 2 0 1 1  Transaction ID: FEC0D32DA7B9473D13  Amount of Each Receipt this Period  365.00
Other (specify) ▼	General	e Year-to-Date ▼ 575.00	
Full Name (Last, First, N Martha Damaske Snearly Mailing Address 8055	,		Date of Receipt  0 7 0 8 2 0 1 1
City Broadview Heights FEC ID number of contr federal political committe		Zip Code 44147-1035	Transaction ID: E310A5D917DF39FFBF  Amount of Each Receipt this Period  365.00
Name of Employer Self  Receipt For:  Primary  Other (specify) ▼	Occupation Ophthali Aggregate General		
Full Name (Last, First, N Bill Davenport Mailing Address 2090	liddle Initial)  SE Ocean Blvd		Date of Receipt  0 7 1 1 2 0 1 1
City Stuart FEC ID number of contreptederal political committee		Zip Code 34996-3304	Transaction ID: 242028D6BFE09751DB  Amount of Each Receipt this Period  365.00
Name of Employer Self  Receipt For:  Primary  Other (specify) ▼	Occupation Ophthali Aggregate General		
SUBTOTAL of Receipts T	his Page (optional)		1095.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 74 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and add	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Anna Luisa Luisa Di Lorenzo  Mailing Address 2877 Crooks Rd Ste B  City Troy  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State MI  C  Occupation Ophthalm Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: A455840AA7444A4E714  Amount of Each Receipt this Period  208.34
В.	Full Name (Last, First, Middle Initial) Joseph Doe  Mailing Address 4016 W Main St  City  Kalamazoo  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State MI C Occupation Ophthalm Aggregate		Date of Receipt  M M M / D D M 2011  Transaction ID: 40A29455B24D35AFA13F  Amount of Each Receipt this Period  30.42
с.	Full Name (Last, First, Middle Initial) Linda Dressler  Mailing Address 3930 Pender Dr Ste 10  City Fairfax  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State VA  C  Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: 27534246FDE76820FC5  Amount of Each Receipt this Period  365.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			603.76

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 74 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other  NAME OF COMMITTEE (In F	than using the name and adull)	ay not be sold or used by any persidress of any political committee of the committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Paul Dunn  Mailing Address 275 Harva  City Fall River  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary Other (specify)	State MA  C  Occupatic Ophthali		Date of Receipt  0 7 18 2 0 1 1  Transaction ID: 78997D950AA2AAE5C1  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Robert Malcolm Edwards  Mailing Address 1240 Cold  City  Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  Other (specify)	State SC  Occupation Ophthali		Date of Receipt  O 7
Full Name (Last, First, Middle Michael Elman  Mailing Address 9114 Phil Ste 310  City  Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary Gener Other (specify)	State MD  C  Occupation Ophthali		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: F818B3DD4EC9B8B00A  Amount of Each Receipt this Period  365.00
SUBTOTAL of Receipts This Pa	ge (optional)		1095.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 74 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
` '	gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Randy Ennen Mailing Address 3312 S 70th St		Date of Receipt
Mailing Address 3312 S 70th St	07 05 2011	
City	State Zip Code	Transaction ID: DEBC5C336522AAB79
Fort Smith	AR 72903-5052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) William Epstein		Date of Receipt
Mailing Address 648 N Main St		07 18 2011
City	State Zip Code	Transaction ID: 0E03F093E249E0102
Ashland	OR 97520-1710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Suzanne Everhart		Date of Receipt
Mailing Address 204 Virginia St		07 15 2011
City	State Zip Code	Transaction ID: 8ADC714C6BF1A8A1
Ashland	VA 23005-2049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
CURTOTAL of Passints This Page (actional)		2365.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 74 (check only one)    X   11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) C. Byron Faulkner  Mailing Address 4804 S Bellhurst Ave  City  Springfield	State MO	Zip Code 65804-7594	Date of Receipt    M M M
	FEC ID number of contributing federal political committee.  Name of Employer	C		365.00
	Self  Receipt For:  Primary General  Other (specify) ▼	Ophthalm		
— В.	Full Name (Last, First, Middle Initial) Claus Fichte  Mailing Address 4202 River Rd			Date of Receipt  0 7 0 5 2 0 1 1
	City Youngstown  FEC ID number of contributing federal political committee.	State NY	Zip Code 14174-9753	Transaction ID: C3F3B1708F4CFF8C41  Amount of Each Receipt this Period  365.00
	Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthalm Aggregate		
_ C.	Full Name (Last, First, Middle Initial) James Finegan Mailing Address 236 Roseberry St	0 0		Date of Receipt  0 7 0 7 2 0 1 1
	City Phillipsburg FEC ID number of contributing	State NJ	Zip Code 08865-1632	Transaction ID: 424496A9664577AE7EC  Amount of Each Receipt this Period  83.34
	federal political committee.  Name of Employer Self	Occupation Ophthalm		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70	
	SUBTOTAL of Receipts This Page (optional)	1		813.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
\ \ !	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	ne name and ad	dress of any political committee t	ion for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) James Finegan  Mailing Address 236 Roseberry St  City Phillipsburg  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State NJ  C  Occupatio Ophthalr Aggregate		Date of Receipt  O 7
В.	Full Name (Last, First, Middle Initial) Samuel Friedel Mailing Address 827 Linden Ave  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State MD  C  Occupatio Ophthalr  Aggregate		Date of Receipt    M M M
_ С.	Full Name (Last, First, Middle Initial) Gretchen Fuerste  Mailing Address 20922 Country Squir  City  Dubuque  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State IA  C  Occupation Ophthalr		Date of Receipt  0 7 0 8 2 0 1 1  Transaction ID: C4A0A4BACBCC19941BB  Amount of Each Receipt this Period  365.00
-	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			948.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 74 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ilona Genis  Mailing Address 3039 Ocean Pkwy  City  Brooklyn  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  General Other (specify)	State NY  C  Occupation Ophthalm Aggregate		Date of Receipt  M M M O T O S O S O S O S O S O S O S O S O S
Full Name (Last, First, Middle Initial) Blake Geren Mailing Address 3120 S 57th St  City Fort Smith  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State AR C Occupation Ophthalm Aggregate		Date of Receipt  O 7
Full Name (Last, First, Middle Initial) Michael Gilbert  Mailing Address 12301 NE 10th PI Ste 200  City Bellevue  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State WA  C  Occupation Ophthalm Aggregate		Date of Receipt  M M M O T O 3 2 0 1 1  Transaction ID: 4E4FB4929FDB7282A6E  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)			748.34

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Robert Gilliam Mailing Address PO Box 3330			Date of Receipt  0 7 1 1 1 2 0 1 1
	City Victoria	State TX	Zip Code 77903-3330	Transaction ID: AF31A22A845CAA5584F Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthali		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Gina Gladstein Mailing Address 4 Dearfield Dr	1		Date of Receipt  0 7 0 5 2 0 1 1
	City	State	Zip Code	Transaction ID: 0BDC2318C45C0A8FD61
	Greenwich	CT	06831-5351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Ophthali		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Ravi Goel			Date of Receipt
	Mailing Address 741 Marlton Pike W			07 06 7 2011
	City	State	Zip Code	Transaction ID: D7F5F814-6EC4-45E3-
	Cherry Hill  FEC ID number of contributing federal political committee.	NJ C	08002-3527	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthali		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
(	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Richard Golub Mailing Address 5237 E Charleston Av  City Scottsdale  FEC ID number of contributing federal political committee.  Name of Employer Self	State AZ C Occupation Ophthalm		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 5FD52C7D-7880-4281-  Amount of Each Receipt this Period  365.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) John Douglas Goosey  Mailing Address 6545 Rutgers Ave			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Houston  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State TX  C  Occupation Ophthalm Aggregate		Transaction ID: 4DAEABCB35C814E5DA1 Amount of Each Receipt this Period 100.00
С.	Full Name (Last, First, Middle Initial) Edward Graul Mailing Address 251 Moosa Blvd City	State	Zip Code	Date of Receipt    M
	Eunice FEC ID number of contributing federal political committee.	C	70535-3638	Amount of Each Receipt this Period 365.00
	Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Ophthalm Aggregate		
	SUBTOTAL of Receipts This Page (optional)			830.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 74 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) Erich Groos  Mailing Address 2400 Patterson St Ste 201			Date of Receipt  0 7 1 5 2 0 1 1
	City Nashville	State TN	Zip Code 37203-1587	Transaction ID: 4B82A7F424D4FF3B26  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37203-1307	83.34
	Name of Employer Self	Occupatio Ophthalr		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼  333.36	
	Full Name (Last, First, Middle Initial) John Haley			Date of Receipt
	Mailing Address 1626 Forest Ln S Ste B			07 07 2011
	City	State	Zip Code	Transaction ID: 0334CA07E0DC97A287
	Garland  FEC ID number of contributing federal political committee.	C	75042-7943	Amount of Each Receipt this Period  1000.00
	Name of Employer Self	Occupatio Ophthalr		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Donald Hall, Jr.			Date of Receipt
	Mailing Address 3303 Indiana Ave			0 7 1 1 2 0 1 1
	City <u>Vicksburg</u>	State MS	Zip Code 39180-4540	Transaction ID: EE253D21767ECAAF97 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophthalr		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1448.34

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 74 (check only one)    X   11a
NAME	nation copied from such Reports and S mercial purposes, other than using the OF COMMITTEE (In Full) can Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
Robert Mailing	me (Last, First, Middle Initial) Harbin Address 550 Redmond Rd NW	Chata	7in Oada	Date of Receipt  0 7 0 8 2 0 1 1
	o number of contributing political committee.	State GA	Zip Code 30165-1416	Transaction ID: 370B8ED3C1F600B644  Amount of Each Receipt this Period  500.00
Name of Self	of Employer	Occupatio Ophthalr Aggregate	mologist e Year-to-Date ▼ 500.00	1
Full Na	me (Last, First, Middle Initial) s Harbin Address 3225 Cumberland Blvd Ste 900	SE		Date of Receipt  0 7 2 1 2 0 1 1
		State GA	Zip Code 30339-5971	Transaction ID: A184EABA335F4E04E8 Amount of Each Receipt this Period 365.00
Self Receip	of Employer  t For:  Primary General  Other (specify) ▼	Occupatio Ophthalr Aggregate		
David F	me (Last, First, Middle Initial) Harris, Jr.  Address 1928 Alcoa Hwy Ste 324			Date of Receipt  0 7 0 5 2 0 1 1
		State TN	Zip Code 37920-1505	Transaction ID: 34CFD0E80D58D84240 Amount of Each Receipt this Period  1000.00
	of Employer	Occupatio Ophthalr		
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.02	
SUBTOT	<b>AL</b> of Receipts This Page (optional)			1865.00

or t	y information copied from such Reports and or commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Full Name (Last, First, Middle Initial)	ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last. First. Middle Initial)		I Committee (OPHTHPAC)	
	Walter Hartel  Mailing Address 89 Sylvania Dr Southern Ohio Medic		7'. O. d.	Date of Receipt  0 7 1 5 2 0 1 1
	City Beavercreek	State OH	Zip Code 45440-3281	Transaction ID: B2FF672D0E63C384A19
	FEC ID number of contributing federal political committee.	C	43440-3281	Amount of Each Receipt this Period  365.00
	Name of Employer Self	Occupatio Ophthalr		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
B.	Full Name (Last, First, Middle Initial) Weldon Havins Mailing Address 88 Ancient Hills Ln			Date of Receipt
	City	07 08 2011		
	Henderson	State NV	Zip Code 89074-1750	Transaction ID: 2177055457B091232B1  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3337 1 700	365.00
	Name of Employer Self	Occupatio Ophthalr		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
 с.	Full Name (Last, First, Middle Initial) Richard Hawkins			Date of Receipt
	Mailing Address 1729 New Hanover N	07 11 2011		
	City	State	Zip Code	Transaction ID: 414A9A1CC3B89A78BEC/
	Wilmington	NC	28403-5345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupatio Ophthalr	nologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SI	JBTOTAL of Receipts This Page (optional)			780.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
C C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions
	American Academy of Ophthalmology	Inc Political Committee (OPHTHPAC)	
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Marnix Heersink		Date of Receipt
	Mailing Address 2800 Ross Clark Cir	07 20 YYYY Y 2011	
	City	State Zip Code	Transaction ID: 2D5C9DB813336E3B7F9
	Dothan	AL 36301-2040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self	Occupation Ophthalmologist	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Wesley Herman		Date of Receipt
	Mailing Address 5421 La Sierra Dr	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State Zip Code	Transaction ID: 4F73C073CAC06FF4D4
	Dallas	TX 75231-4107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	415.00
	Name of Employer Self	Occupation Ophthalmologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
_ C.	Full Name (Last, First, Middle Initial) W. Jackson lliff		Date of Receipt
	Mailing Address 8109 Ritchie Hwy	07 30 YYYY 2011	
	City	State Zip Code	Transaction ID: 45F6A7AE418ACF40CD
	Pasadena	MD 21122-6917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self	Occupation Ophthalmologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 74 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to by Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Johanna Jensen  Mailing Address 1615 12th Ave Rd Ste A  City Nampa  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code ID 83686-6184  C  Occupation Ophthalmologist  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 O 6 2 0 1 1  Transaction ID: 1DEDEC28-A4B5-4DBF-  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Randolph Johnston Mailing Address 1300 E 20th St  City Cheyenne  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code WY 82001-4021  C  Occupation Ophthalmologist  Aggregate Year-to-Date  700.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 3 1 2 0 1 1  Transaction ID: 48FABC8D88880C4C8A0  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) Emilio Justo  Mailing Address 19052 N R H Johnso  City Sun City West  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code AZ 85375-4401  C  Occupation Ophthalmologist  Aggregate Year-to-Date  212.94	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 2 6 2 0 1 1  Transaction ID: 448995B95213F94E5EFE  Amount of Each Receipt this Period  30.42
SUBTOTAL of Receipts This Page (optional)		630.42

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 74 (check only one)    X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog			on for the purpose of soliciting contributions o solicit contributions from such committee.
Δ. <b>A</b> .	Full Name (Last, First, Middle Initial) Henry Kaplan Mailing Address 301 E Muhammad Ali	Blvd		Date of Receipt
	City Louisville	State KY	Zip Code 40202-1511	Transaction ID: 742C6C2A1C5A871E380 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthali Aggregate	mologist e Year-to-Date ▼ 365.00	1
- В.	Full Name (Last, First, Middle Initial) Jean Katow  Mailing Address 420 E 3rd St		0 0 0 0 0 0 0	Date of Receipt
	Ste 603 City Los Angeles	State CA	Zip Code 90013-1645	Transaction ID: 4F66BF791870921322A  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthali	mologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
С.	Full Name (Last, First, Middle Initial) William Kilpatrick			Date of Receipt
	Mailing Address 7550 E 2nd St  City	State	Zip Code	0 7 0 6 2 0 1 1 Transaction ID: 16E3D24F-49C9-40C9-
	<u>Scottsdale</u>	AZ	85251-4504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthali	mologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1095.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 74 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog	Statements may not be sold or used by any per e name and address of any political committee  y Inc Political Committee (OPHTHPAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Kinyoun  Mailing Address 325 9th Ave # 359608  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer Self	State Zip Code WA 98104-2420  C Occupation Ophthalmologist	Date of Receipt    M M
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Steven Kirkham  Mailing Address 1462 Marion Waldo F  Marion Eye Center  City  Marion  FEC ID number of contributing federal political committee.	State Zip Code OH 43302-7422	Date of Receipt    M M
Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthalmologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) John Kitchens  Mailing Address Ste 500  City Lexington  FEC ID number of contributing	State Zip Code KY 40509-1827	Date of Receipt  O 7
federal political committee.  Name of Employer Self  Receipt For: Primary General	Occupation Ophthalmologist  Aggregate Year-to-Date ▼	365.00
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional) .	365.00	1365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements and address of any political committee to gy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Klein  Mailing Address 21711 Greater Mack  City Saint Clair Shores  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary Other (specify)	State Zip Code MI 48080-2418  C  Occupation Ophthalmologist  Aggregate Year-to-Date  700.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 4A7894239D23690FE7D4  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) Craig Kliger  Mailing Address 100 Galewood Cir  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code CA 94131-1132  C Occupation Ophthalmologist Aggregate Year-to-Date  212.94	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Koch Mailing Address 566 Toll Gate Rd  City Warwick  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code RI 02886-2716  C  Occupation Ophthalmologist  Aggregate Year-to-Date   365.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 1910EADB83B6AA0ABCI  Amount of Each Receipt this Period  365.00
SUBTOTAL of Receipts This Page (optional)	 	495.42

BER: PAGE 34/74  1b 11c 12 4 15 16 17
of soliciting contributions from such committee.
ipt
05 2011
ID: AE431FDC391B70A51E
ach Receipt this Period
365.00
ipt
08 / 2011
ID: 48A8B88368B6D744A02
ach Receipt this Period
50.00
ipt
15 2011
ID: DCC32C942657FB3E1A
ach Receipt this Period
365.00
780.00

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	oorts and Statements may not be sold or used by any pen using the name and address of any political committee almology Inc Political Committee (OPHTHPAC	
Full Name (Last, First, Middle Init Gregory Kwasny  Mailing Address 2300 N May: Ste 1030  City Milwaukee  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	<u></u>	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 3198C0CB3C1AD47E89  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Init Scott Lanoux  Mailing Address 2820 Napole Ste 900  City  New Orleans  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	·	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Init Rick Leoni  Mailing Address 203 Rue Louste A  City  Lafayette  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General  Other (specify)	·	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page	optional)	1440.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Statements may not be sold or used by any person name and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Andrew Levada  Mailing Address 1201 W Main St Ste 100  City Waterbury  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code CT 06708-3105  C  Occupation Ophthalmologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gerald Loushin  Mailing Address 12000 Elm Creek Blvo Ste 100  City  Maple Grove  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code MN 55369-7074  C  Occupation Ophthalmologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Masud Malik  Mailing Address 3865 N Mulford Rd  City  Rockford  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  General  Other (specify)	State Zip Code IL 61114-5603  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  500.04	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		813.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 74 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee by Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Delia Manjoney Mailing Address 2720 Main St  City Bridgeport	State Zip Code CT 06606-5363	Date of Receipt  0 7 1 4 2 0 1 1  Transaction ID: 841128C089F1A2D7FE  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date  4000.00	4000.00
Full Name (Last, First, Middle Initial)  Mark Mannis  Mailing Address 4860 Y St  Uc Davis Department  City  Sacramento  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  General  Other (specify)	t of Ophthalmolo State Zip Code CA 95817-2307  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  365.00	Date of Receipt  O 7 20 2011  Transaction ID: 49F2B054F2C613A7910  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial) Benjamin Mason Mailing Address 1110 Eagle Ridge Ro  City Cedar Falls  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code IA 50613-1514  C  Occupation Ophthalmologist  Aggregate Year-to-Date  383.34	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		4406.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 74 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Charles McCormick, III Mailing Address 30 N Emerson Ave  City Greenwood  FEC ID number of contributing federal political committee.  Name of Employer Self	State Zip Code IN 46143-8895  C Occupation Ophthalmologist	Date of Receipt    M M M
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) John McGetrick  Mailing Address 635 1st St N Gessler Clinic  City Winter Haven  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code FL 33881-4129  C  Occupation Ophthalmologist Aggregate Year-to-Date  500.00	Date of Receipt  O 7
_ c.	Full Name (Last, First, Middle Initial) Carl Migliazzo Mailing Address 7504 Antioch Rd  City Overland Park  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code KS 66204-2622  C Occupation Ophthalmologist Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 1 1 2 0 1 1  Transaction ID: F862ED0BEDDE1F4A78  Amount of Each Receipt this Period  500.00
	SUBTOTAL of Receipts This Page (optional)		1365.00

Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Aaron Miller  Mailing Address 13414 Medical Complex Dr Ste 4  City State  Tomball TX  FEC ID number of contributing federal political committee.  Name of Employer Self  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Zip Code 02905-2429	Date of Receipt    0 7
A. Michael Edward Edward Migliori  Mailing Address 120 Dudley St Ste 301  City State Providence RI  FEC ID number of contributing federal political committee.  Name of Employer Self Occupation Ophthalmo  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Aaron Miller  Mailing Address 13414 Medical Complex Dr Ste 4  City State Tomball TX  FEC ID number of contributing federal political committee.  Name of Employer Self Occupation Ophthalmo  Receipt For: Primary General Other (specify) ▼  C. State Tomball TX  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Carl Minning, Jr.  Mailing Address 2935 Maple Ave  City State Zanesville OH  FEC ID number of contributing	02905-2429  logist ear-to-Date ▼  416.70	Transaction ID: 49998649B3EDE04CA28  Amount of Each Receipt this Period  83.34  Date of Receipt  0 7 2 3 2 3 2 0 1 1
Primary	416.70	07 23 / Y Y Y Y Y Y
B. Aaron Miller  Mailing Address 13414 Medical Complex Dr  Ste 4  City State  Tomball TX  FEC ID number of contributing federal political committee.  Name of Employer Self Occupation Ophthalmo  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Carl Minning, Jr.  Mailing Address 2935 Maple Ave  City State  Zanesville OH  FEC ID number of contributing		07 23 Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Carl Minning, Jr.  Mailing Address 2935 Maple Ave  City  Zanesville  FEC ID number of contributing  Coccupation  Ophthalmo  Aggregate You  Aggregate You  Occupation  Ophthalmo  Aggregate You  State  OH	Zip Code 77375-3333	Transaction ID: 497F995CBE302197FC5  Amount of Each Receipt this Period
Carl Minning, Jr.  Mailing Address 2935 Maple Ave  City State  Zanesville OH  FEC ID number of contributing		50.00
Name of Employer Occupation Self Ophthalmo Receipt For: Aggregate Yo	Zip Code 43701-1487	Date of Receipt    M M M
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 74 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	Ind Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Amalia Miranda		Date of Receipt
Mailing Address 3435 NW 56th St Building A # 700		0 7 1 4 2 0 1 1
City Oklahoma City	State Zip Code OK 73112-4448	Transaction ID: 4211B56D2912D371D9  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial) David Misch		Date of Receipt
Mailing Address 250 Avenue K SW Ste 200		07
City	State Zip Code	Transaction ID: 79E02F398A69A481E
Winter Haven FEC ID number of contributing federal political committee.	FL 33880-3919	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	7
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Craig Morgan		Date of Receipt
Mailing Address 1611 13th Ave		0 7 2 5 2 0 1 1
City	State Zip Code WV 25701-3811	Transaction ID: D20AAFAE82D4B6900
Huntington  FEC ID number of contributing federal political committee.	WV 25701-3811	Amount of Each Receipt this Period  1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	al)	1600.00

ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmo	logy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Paul Moyer		Date of Receipt
Mailing Address 520 Bruton Cir		07 05 7 2011
City <u>Kettering</u>	State Zip Code OH 45429-1624	Transaction ID: 2FF56E6C2B0834319D0  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael O'Brien		Date of Receipt
Mailing Address 618 Toll Gate Rd		07 25 Y Y Y Y Y
City Warwick	State Zip Code RI 02886-2717	Transaction ID: F8AD86A9AED035BACD Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Stephen O'Connell		Date of Receipt
Mailing Address 340 Hulse Rd Naval Aerospace N		07 29 7 2011
City Pensacola	State Zip Code FL 32508-1089	Transaction ID: 422E894AE12DEB2427E  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	
SUBTOTAL of Receipts This Page (option	al)	906.67
TOTAL This Period (last page this line nur	nber only)	

FOR LINE NUMBER: PAGE 41 / 74

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 74 (check only one)    X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Kelly Patrick O'Neill Mailing Address 563 Wessel Dr City	State	Zip Code	Date of Receipt    M M
	Fairfield  FEC ID number of contributing federal political committee.	ОН	45014-3668	Amount of Each Receipt this Period 83.34
	Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupatio Ophthalr Aggregate		
В.	Full Name (Last, First, Middle Initial) Carolyn Oesterle Mailing Address 2015 N Main St			Date of Receipt  0 7 0 5 2 0 1 1
	City	State	Zip Code	Transaction ID: 579F3530AF3EB8BC802
	Wheaton	IL	60187-3152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophthalr	mologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Paul Olson			Date of Receipt
	Mailing Address 1055 N 300 W Ste 204			07 20 7 2011
	City Provo	State UT	Zip Code 84604-3374	Transaction ID: 1B0E124810A55741D1E  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.34
	Name of Employer Self	Occupatio Ophthalr		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1458.38	
	SUBTOTAL of Receipts This Page (optional)			791.68

Salt Lake City  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify) ▼  City  State  City  FEC ID number of contributing federal political committee.  City  For image of Employer State  City  FEC ID number of contributing federal political committee.  City  State  Tity  State  Tity  State  Tity  Transaction ID: B263E22D-D7C8-4E  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: B263E22D-D7C8-4E  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: B263E22D-D7C8-4E  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Self  Occupation Ophthalmologist  Receipt For:  Primary  General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary  Other (specify) ▼  Date of Receipt		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 74 (check only one)  X 11a 11b 11c 12 15 16 17
A. Randall Olson  Mailing Address 65 Mario Capecchi Dr  City State Zip Code Salt Lake City UT 84132-0005  FEC ID number of contributing federal political committee.  Name of Employer Self Occupation Ophthalmologist  Receipt For: Primary General City State Zip Code TX 77005-4311  FEC ID number of contributing federal political committee.  Date of Receipt Dr. Aggregate Year-to-Date ▼  Date of Receipt Dr. Transaction ID: CBC66890130BF362  Amount of Each Receipt this Period  Determine Type Type Type Type Type Type Type Typ		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Receipt For:   Primary   General   Aggregate Year-to-Date ▼	Α.	Randall Olson  Mailing Address 65 Mario Capecchi Dr  City  Salt Lake City  FEC ID number of contributing federal political committee.	UT	84132-0005	Transaction ID: CBC6B9D13DBF3C55CCC  Amount of Each Receipt this Period
B. Richard Ou  Mailing Address 3929 Marquette St  City State Zip Code TX 77005-4311  FEC ID number of contributing federal political committee.  Name of Employer Self Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) John Park  Mailing Address 2177 Oak Tree Rd Ste 203  City State Zip Code TX 77005-4311  Full Name (Last, First, Middle Initial) John Park  Mailing Address 2177 Oak Tree Rd Ste 203  City State Zip Code Edison NJ 08820-1082  FEC ID number of contributing federal political committee.  Name of Employer Self Occupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist		Receipt For: Primary General	Ophthalr	nologist • Year-to-Date ▼  365.00	
Houston  TX 77005-4311  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self  Occupation Ophthalmologist  Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) John Park  Mailing Address 2177 Oak Tree Rd Ste 203  City State Zip Code Edison  FEC ID number of contributing federal political committee.  Name of Employer Self  Occupation Ophthalmologist  Receipt For: Ophthalmologist  Receipt For: Primary General  Amount of Each Receipt this Period  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	В.	Richard Ou			M M / D D / Y Y Y Y
Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) John Park Mailing Address 2177 Oak Tree Rd Ste 203  City State Zip Code Edison NJ 08820-1082  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General  Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D M 2 0 1 1  Transaction ID: DC287FDAE424688  Amount of Each Receipt this Period  365.00		Houston  FEC ID number of contributing federal political committee.  Name of Employer	TX C	77005-4311	
C. John Park  Mailing Address 2177 Oak Tree Rd Ste 203  City State Zip Code Edison NJ 08820-1082  FEC ID number of contributing federal political committee.  Name of Employer Self  Primary General  Date of Receipt  M M M O O O O O O O O O O O O O O O O		Primary General	. ' ' '	e Year-to-Date ▼	
FEC ID number of contributing federal political committee.  Name of Employer Self  Occupation Ophthalmologist  Receipt For: Primary General  Aggregate Year-to-Date   255.00	С.	John Park  Mailing Address 2177 Oak Tree Rd Ste 203	State	Zip Code	M M / D D / Y Y Y Y
Self Ophthalmologist  Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00		FEC ID number of contributing		08820-1082	
Primary General		Self	Ophthalr	nologist	
		Primary General	Aggregate		]
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 74 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Academy of Ophthalmolo	gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Robert Park		Date of Receipt
Mailing Address 1 Vanderbilt Park Dr Ste 150		07 27 2011
City Asheville	State Zip Code NC 28803-1764	Transaction ID: 98FEA676D1AC1226  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	
Full Name (Last, First, Middle Initial) Stephen Pascucci		Date of Receipt
Mailing Address 9089 Terranova Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 9A8E1A517487F7EC
Naples	FL 34109-4370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Harpreet Nini Patheja		Date of Receipt
Mailing Address 110 Pepper Hill Way	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Aiken	State Zip Code SC 29801-2818	Transaction ID: BFDD67506FED30B0  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descints This Days (antique)	)	1041.67

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 74 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Peter Pavan  Mailing Address 4414 W Dale Ave  City Tampa  FEC ID number of contributing federal political committee.	State FL	Zip Code 33609-3707	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 716A0C69DD2A0938B85  Amount of Each Receipt this Period  365.00
	Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthalr Aggregate		
В.	Full Name (Last, First, Middle Initial) Ralph Paylor Mailing Address 502 E New Haven Ave			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City  Melbourne  FEC ID number of contributing federal political committee.  Name of Employer Self	State FL  C  Occupation Ophthalr		Transaction ID: 8FA61CCDBCAAEFE5C98 Amount of Each Receipt this Period 500.00
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) Randall Peairs Mailing Address 200 Mifflin Ave City	State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Scranton  FEC ID number of contributing federal political committee.	PA C	18503-1982	Transaction ID: 503D71938186CB0FDC9  Amount of Each Receipt this Period  365.00
	Name of Employer Self Receipt For:	Occupation Ophthalr		
	Primary General Other (specify) ▼	Aggregate	365.00	]
	SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, oth  NAME OF COMMITTEE (Ir	ner than using the name and ad n Full)	up not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Midd Julie Perry  Mailing Address 999 Ada Ste 200  City  Saint Helena  FEC ID number of contribut federal political committee.  Name of Employer Self  Receipt For:  Primary Gen Other (specify)	State CA  Occupation Ophthali		Date of Receipt  O 7  O 3  Transaction ID: 4D88A7AE34D48496524  Amount of Each Receipt this Period  83.33
Full Name (Last, First, Midd Dawn Phillips  Mailing Address 1280 W  City  Romeoville  FEC ID number of contribut federal political committee.  Name of Employer Self  Receipt For:  Primary  Other (specify)	indham Pkwy  State IL  ing  Occupation Ophthali  Aggregation		Date of Receipt  M M M / D D D / Y Y Y Y Y  O 7 08 2011  Transaction ID: 792D2B1E67E563C5E6  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Midd Michael Raizman Mailing Address 50 Stan Ste 600 City  Boston  FEC ID number of contribut federal political committee.  Name of Employer Self  Receipt For:  Primary Gen Other (specify)	State MA  Occupation Ophthali Aggregate		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This  TOTAL This Period (last page	Page (optional)		1083.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	statements may not be sold or used by any personal relationship in the sold or used by	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Harvey Reiser  Mailing Address 945 Lantern Hill Rd  City Shavertown  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code PA 18708-9474  C  Occupation Ophthalmologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M O 7 O 5 2 0 1 1  Transaction ID: 2E287193CE3289B2F4E  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) David Richardson  Mailing Address 207 S Santa Anita Ave Ste P25  City San Gabriel  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code CA 91776-1145  C  Occupation Ophthalmologist  Aggregate Year-to-Date  2219.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Andrew Riemer Mailing Address 5959 Lawndale St  City Ludington  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code MI 49431-2921  C  Occupation Ophthalmologist  Aggregate Year-to-Date   365.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		932.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 74 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Gregory Riffle  Mailing Address 9485 Mentor Ave Ste 110  City Mentor  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State OH C Occupation Ophthalmo	Zip Code 44060-8724  blogist /ear-to-Date ▼ 500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ B.	Full Name (Last, First, Middle Initial) John Riffle  Mailing Address 594 Firestone PI  City Augusta  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State GA  C  Occupation Ophthalmo	Zip Code 30907-8955	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) David Robinson  Mailing Address 18791 John J Williams  City Rehoboth Beach  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State DE  C  Occupation Ophthalmo	Zip Code 19971-4401  blogist /ear-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 35844281855A94C24E0  Amount of Each Receipt this Period  500.00
	SUBTOTAL of Receipts This Page (optional)			1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 74 (check only one)    X
A	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and addi	not be sold or used by any pers ress of any political committee to	
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Muriel Rosa-DelGado			Date of Receipt
	Mailing Address Parkville Terrace 113 Alamo Drive			07 27 2011
	City	State	Zip Code	Transaction ID: 72D0FA17C28F85A96F
	Guaynabo	PR	00969	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self	Occupation Ophthalm	ologist	
	Receipt For:  Primary General  Other (specify)	Aggregate `	Year-to-Date ▼ 291.69	
	Full Name (Last, First, Middle Initial) John Rosculet	1		Date of Receipt
	Mailing Address 906 Windward Ct			07 08 2011
	City	State	Zip Code	Transaction ID: 5589D4924B43F51709
	Neenah	WI	54956-4276	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupation Ophthalm	ologist	
	Receipt For:  Primary General  Other (specify)	<del>, ' '</del>	Year-to-Date ▼ 1000.00	
_ }.	Full Name (Last, First, Middle Initial) Stanley Rous	1		Date of Receipt
	Mailing Address 850 S Pine Island Rd Bldg A-100			07 18 2011
	City	State	Zip Code	Transaction ID: A06D959C1F3E4B40C
	Plantation  FEC ID number of contributing federal political committee.	FL C	33324-3118	Amount of Each Receipt this Period
	Name of Employer Self	Occupation		
	Receipt For:	Ophthalm	ologist Year-to-Date ▼	$\dashv$
	Primary General Other (specify) ▼	, iggi ogale	290.23	

ITEMIZED REC	(FEC Form 3X) EIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 11a 13		11c 12 15 16 17
Any information copied or for commercial purpo		tatements may name and add	not be sold or used by any pers dress of any political committee to			
American Acade	my of Ophthalmology	Inc Political	Committee (OPHTHPAC)			
Full Name (Last, Fire Sina John Sabet	st, Middle Initial)			Date of	Receipt	
	130 Duke St te 9			07	0	8 2011
City	10 0	State	Zip Code	Transac	ction ID: 8	31393B0002EEDD12E0
Alexandria		VA	22304-2955	Amoun	t of Each F	Receipt this Period
FEC ID number of c federal political com		C				500.00
Name of Employer Self		Occupation Ophthaln				
Receipt For: Primary Other (specify	General ) <b>▼</b>	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, Fire Steven Safran	st, Middle Initial)			Date of	Receipt	
#	32 Franklin Corner Ro A-1			0 7	2	9 2011
City		State	Zip Code			03534C86EF67B740FB
<u>Lawrenceville</u>		NJ	08648-2523	Amoun	t of Each F	Receipt this Period
FEC ID number of c		С				365.00
Name of Employer Self		Occupation Ophthaln				
Receipt For: Primary Other (specify	General   ▼	Aggregate	Year-to-Date ▼ 365.00			
Full Name (Last, Fire Gary Scholes	st, Middle Initial)			Date of	Receipt	
	45 College St SE te C			0 7	1	2011
City		State	Zip Code			EE053E4DE030C80C6
Lacey FEC ID number of c	ontributing	WA	98503-1014	Amoun	t of Each F	Receipt this Period
federal political com		C				365.00
Name of Employer Self		Occupation Ophthaln				
Receipt For:	Canaral	Aggregate	Year-to-Date ▼	_		
Primary Other (specify	_ General ) <b>▼</b>	0 0	365.00			
						1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Statements may not be sold or used by any personal relationship in the name and address of any political committee to relationship in the Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Jan Scruggs  Mailing Address 3401 Springhill Dr Ste 205  City North Little Rock  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code AR 72117-2924  C  Occupation Ophthalmologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Sheppard  Mailing Address 241 Corporate Blvd  City Norfolk  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code VA 23502-4965  C  Occupation Ophthalmologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard Sherry  Mailing Address 2500 Grubb Rd Ste 234  City Wilmington  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code DE 19810-4796  C  Occupation Ophthalmologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1230.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 74 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and add	lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
ν. <b>Α</b> .	Full Name (Last, First, Middle Initial) Bradford Shingleton  Mailing Address 50 Staniford St Ste 600  City Boston  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State MA  C  Occupation Ophthalm Aggregate		Date of Receipt  M M M O 7 O 8 2 0 1 1  Transaction ID: F978A4138DC3B64EDD7  Amount of Each Receipt this Period  365.00
_ B.	Full Name (Last, First, Middle Initial) Edward Shubert  Mailing Address 17070 Red Oak Dr Ste 405  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State TX C Occupation Ophthalm Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: C84F4F6BFEA90CFC773  Amount of Each Receipt this Period  365.00
_ C.	Full Name (Last, First, Middle Initial) David Shulman  Mailing Address 999 E Basse Rd Ste 127  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State TX  C  Occupation Ophthalm Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  O 7
	SUBTOTAL of Receipts This Page (optional)			813.34

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 74 (check only one)    X   11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial)  John Simon  Mailing Address  1220 New Scotland Ro  Ste 202  City  Slingerlands  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  General  Other (specify)	State NY  C Occupatio Ophthalr		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 1A6C3F9C141549A4EC  Amount of Each Receipt this Period  365.00
<b>—</b> 3.	Full Name (Last, First, Middle Initial) Ronald Smith Mailing Address 3624 Kinney Cir  City Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State CA C Occupatio Ophthalr Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: C9D00F5015D5752077I  Amount of Each Receipt this Period  365.00
	Full Name (Last, First, Middle Initial) Scott So  Mailing Address 2100 Webster St Ste 214  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State CA C Occupatio Ophthalr Aggregate		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	SUBTOTAL of Receipts This Page (optional)			830.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 74 (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
<b>A</b> .	Full Name (Last, First, Middle Initial) Susan Stegeman  Mailing Address 301 N 8th St Springfield Eye Consu City Springfield  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State IL  C  Occupatio Ophthalr	Zip Code 62701-1064	Date of Receipt    M M M
<b>—</b> В.	Full Name (Last, First, Middle Initial) Robert Stephens  Mailing Address 6410 Rockledge Dr Ste 400  City Bethesda  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State MD C Occupatio Ophthalr Aggregate		Date of Receipt  M M M D D D 2 2 0 1 1  Transaction ID: B7001734B179C0D741F  Amount of Each Receipt this Period  365.00
_ C.	Full Name (Last, First, Middle Initial) Donald Stone  Mailing Address 748 Tuscany Way  City Edmond  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State OK  C  Occupatio Ophthalr Aggregate		Date of Receipt  M M M O 7 O 2 2 0 1 1  Transaction ID: 43488E1FE08753A8B5E  Amount of Each Receipt this Period  50.00
	SUBTOTAL of Receipts This Page (optional)			445.41

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Brad Stuckenschneider  Mailing Address 3398 Legacy Dr  City Poplar Bluff  FEC ID number of contributing federal political committee.  Name of Employer	State MO C	Zip Code 63901-8661	Date of Receipt    M M M
	Receipt For: Primary General Other (specify)	Ophthaln		
<b>В</b> .	Full Name (Last, First, Middle Initial) James Su Mailing Address 2103 E Griffin Pkwy Ste B City Mission  FEC ID number of contributing federal political committee.	State TX	Zip Code 78572-3490	Date of Receipt    M M M
	Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Ophthaln		
- С.	Full Name (Last, First, Middle Initial) Shigemi Sugiki  Mailing Address 1380 Lusitana St Ste 714  City Honolulu  FEC ID number of contributing federal political committee.	State HI	Zip Code 96813-2443	Date of Receipt    M M M
	Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophthaln Aggregate		
	SUBTOTAL of Receipts This Page (optional)			2365.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any peng the name and address of any political committee	
Full Name (Last, First, Middle Initial) Regina Sun  Mailing Address 1919 Vassar St Apt B  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code TX 77098-5454  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  500.04	Date of Receipt  M M / D D D / Y Y Y Y Y  O 7 23 2011  Transaction ID: 4BAEB87D42033CC0B0  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Mark Szal  Mailing Address 248 Pleasant St  Ste 1600  City  Concord  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General  Other (specify)	State Zip Code NH 03301-2588  C  Occupation Ophthalmologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marvin Talansky Mailing Address 21 S Arlene Dr  City West Long Branch  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code NJ 07764-1157  C  Occupation Ophthalmologist  Aggregate Year-to-Date   365.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (option	nal)	813.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 74 (check only one)    X   11a
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions
American Academy of Ophthalmolo  Full Name (Last, First, Middle Initial) Gary Tanner Mailing Address 10 Jacobs Ln  City Newport News  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code VA 23606-2815  C  Occupation Ophthalmologist Aggregate Year-to-Date  350.00	Date of Receipt  M M M 29 29 2011  Transaction ID: 4B05AB564B3B167A3E  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) Hiralal Tekwani Mailing Address 9911 Kennerly Rd  City Saint Louis  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General	State Zip Code MO 63128-2700  C  Occupation Ophthalmologist Aggregate Year-to-Date  398.00	Date of Receipt  M M M / D D / 2 1 2 0 1 1  Transaction ID: FEAEEA3B7FF1C0C33  Amount of Each Receipt this Period  199.00
Full Name (Last, First, Middle Initial) Steven Thomas  Mailing Address 632 Morrison Spring Ste 301  City Chattanooga  FEC ID number of contributing federal political committee.  Name of Employer		Date of Receipt  M M M O 7 D D O 8 2 0 1 1  Transaction ID: 767F4E13ED29B4964E6  Amount of Each Receipt this Period  365.00
Self  Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional	Ophthalmologist Aggregate Year-to-Date ▼  365.00	614.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 74 (check only one)    X   11a
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to ology Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donald Tingley Mailing Address 1015 Ridge Rd  City Webster  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code NY 14580-2907  C  Occupation Ophthalmologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M D D D Y 2 0 1 1  Transaction ID: D560DD47ECE1FD8553  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Robert Treft  Mailing Address 1580 W Antelope Ste 175  City  Layton  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State Zip Code UT 84041-1175  C  Occupation Ophthalmologist  Aggregate Year-to-Date   365.00	Date of Receipt  M M M O D D O 2011  Transaction ID: 69CBE9CC-26FF-4CC3  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial) Ronald Vanderlugt  Mailing Address 1717 Shaffer St Borgess N Prof E  City Kalamazoo  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code MI 49048-1625  C  Occupation Ophthalmologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	onal)	1230.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13	
NAME OF C	n copied from such Reports and sial purposes, other than using the COMMITTEE (In Full)  Academy of Ophthalmology		y not be sold or used by any pers dress of any political committee to I Committee (OPHTHPAC)	on for the purpos solicit contribu	ose of soliciting contributions utions from such committee.
Michael Vers Mailing Add  City  Des Moine  FEC ID num federal politi  Name of Em Self  Receipt For: Prima	ress 1212 Pleasant St Ste 202  es  ber of contributing cal committee.  hployer	State IA  C  Occupatio Ophthalr  Aggregate			·
Michael Vrab Mailing Add  City Appleton  FEC ID num federal politi  Name of Em Self  Receipt For: Prima	nber of contributing cal committee.	State WI  C  Occupatio Ophthalr Aggregate	Zip Code 54914-8872		·
City San Antor FEC ID num federal politi Name of Em Self Receipt For: Prima	nio nber of contributing cal committee. nployer	State TX  C  Occupatio Ophthalr Aggregate			· _ ·
SUBTOTAL o	f Receipts This Page (optional) .				1541.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 74 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Thomas Peter Ward  Mailing Address 18 Old Stone Xing  City West Hartford  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State CT C Occupation Ophthaln Aggregate		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
В.	Full Name (Last, First, Middle Initial) William Waterhouse  Mailing Address 2478 Patterson Rd Ste 7  City  Grand Junction  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	State CO C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Aaron Weingeist  Mailing Address 3934 S Americus St  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State WA  C Occupation Ophthaln Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 413F80AC101326DB6523  Amount of Each Receipt this Period  50.00
	SUBTOTAL of Receipts This Page (optional)			1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Daniel Welch  Mailing Address 407 Avenue K SE  City Winter Haven  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State FL C Occupatio Ophthalr Aggregate		Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Andrew Westfall Mailing Address 2450 12th St SE  City Salem  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State OR C Occupatio Ophthalr Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Maynard Wheeler  Mailing Address PO Box 538 10 Sandy Brae  City Grantham  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State NH C Occupatio Ophthalr Aggregate		Date of Receipt  M M O 7 D D / Y Y Y Y Y  Transaction ID: AC1FA91F94A6665ED4  Amount of Each Receipt this Period  365.00
	SUBTOTAL of Receipts This Page (optional)	I		1865.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 74 (check only one)    X   11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to ogy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  William White  Mailing Address 1004 Carondelet Dr Ste 405  City  Kansas City  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State Zip Code MO 64114-4801  C  Occupation Ophthalmologist  Aggregate Year-to-Date   365.00	Date of Receipt  O 7
Full Name (Last, First, Middle Initial) Wayne Whitmore Mailing Address 116 E 68th St  City New York  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code NY 10065-5955  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Wiesner  Mailing Address 1800 E Pavilion PI Unit B  City  Montrose  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code CO 81401-5499  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  2500.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional	l)	3365.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 74 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Joseph Wilhelm  Mailing Address 702 W Lake Lansing F  City	Rd State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	East Lansing FEC ID number of contributing federal political committee.	MI	48823-8526	Amount of Each Receipt this Period  1000.00
	Name of Employer Self  Receipt For: Primary General Other (specify)	Occupation Ophthalmo Aggregate Y	ologist ∕ear-to-Date ▼	]
_ В.	Full Name (Last, First, Middle Initial) Robert Wing  Mailing Address 1551 Renaissance Tov Ste 340	wne Dr		Date of Receipt  0 7 1 5 2 0 1 1
	City Bountiful  FEC ID number of contributing federal political committee.	State UT	Zip Code 84010-7670	Transaction ID: 0FD6873DCEB7C9396A Amount of Each Receipt this Period 300.00
	Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Ophthalmo	ologist Year-to-Date ▼	1
_ ).	Full Name (Last, First, Middle Initial) James J. Wong Mailing Address 102 East Ave			Date of Receipt  0 7 1 8 2 0 1 1
	City Norwalk  FEC ID number of contributing federal political committee.	State CT	Zip Code 06851-5010	Transaction ID: B9B90C5C68DD653CEC Amount of Each Receipt this Period  1000.00
	Name of Employer Self	Occupation Ophthalmo	plogist	
	Receipt For: Primary General Other (specify)	Aggregate Y	rear-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 74 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog			on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Thomas Yau  Mailing Address 1109 Spring St Ste 306  City Silver Spring  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State MD  C  Occupation Ophthalr  Aggregate		Date of Receipt  O 7 O 1 2 0 1 1  Transaction ID: 811ED7ED-EF83-48D7-  Amount of Each Receipt this Period  365.00
- В.	Full Name (Last, First, Middle Initial) Steven Zelko  Mailing Address 309 W Quinto St  City Santa Barbara  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State CA C Occupatio Ophthalr Aggregate		Date of Receipt    M M M
- <b>C</b> .	Full Name (Last, First, Middle Initial) Carol Ziel  Mailing Address 2025 Frontis Plaza Bl Ste 100  City Winston Salem  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State NC C Occupatio Ophthalr		Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 1 0 2 0 1 1  Transaction ID: 4347BA86799EBD2CD20  Amount of Each Receipt this Period  41.67
	SUBTOTAL of Receipts This Page (optional)	,		1406.67
	TOTAL This Period (last page this line number	er only)		72046.61

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 74 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Kevin Cox Mailing Address 635 Robert E Lee Ave		Date of Receipt  0 7 0 8 2 0 1 1
City Elkins	State Zip Code WV 26241-3282	Transaction ID: 38DC3A0BE0B4739D5E4 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthalmologist	corporate check
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

		265.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	303.00
TOTAL This Period (last page this line number only)	<b>•</b>	365.00

В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 66 / 74
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc I	Political Committee (OPH	THPAC)		
Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.			Date of Disburseme	
Mailing Address PO Box 63020			07	2011
	State Zip Code CA 94163		Amount of Each Dis	bursement this Period
Purpose of Disbursement AMEX discount - July 2011		001		544.66
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.			Transaction ID: C	 346BBB9A8DD576385 <i>I</i> nt
Mailing Address PO Box 63020			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	2011
- · <i>y</i>	State Zip Code CA 94163		Amount of Each Dis	bursement this Period
Purpose of Disbursement Bank charges - July 2011		001		292.67
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	•	837.33
TOTAL This Period (last page this line number only)	•	837.33

State:

		Use separate schedule(s	()		)K LINE reck only		.n.			AGL	6//	′4
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a		23 28b	24 28		25 29	3
	y Information copied from such Reports and Stat for commercial purposes, other than using the na											5
$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology II	c Political Committee (O	PHTI	HP/	AC)							
	Full Name (Last, First, Middle Initial) Becerra for Congress  Mailing Address PO Box 261060						of Dis	sburse	7286 ement		76532 2 0 1 1	
	City Los Angeles	State Zip Code CA 90026				Amou	ınt of	Each	Disbur	semer	nt this F	Period
	Purpose of Disbursement 2012 Primary Contribution Candidate Name		C	01 ateg	1 Jory/			•		25	500.00	
	Xavier Becerra  Office Sought:  X House Senate President  State: CA District: 31	sement For: 2012  X Primary General Other (specify)		Тур								
	Full Name (Last, First, Middle Initial) Cantor for Congress  Mailing Address PO Box 17813					Date			8165 ement 7		55432 2 0 1 1	
	City Richmond Purpose of Disbursement	State Zip Code VA 23226	Г	0.1		Amou	int of	Each	Disbur		nt this F	
	2012 Primary Contribution Candidate Name Eric Ivan Cantor		1	01 ateg Typ	jory/							
	Office Sought:  X House Senate President State: VA District: 07	sement For: 2012  X Primary General  Other (specify) ▼										
	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Car	npaign				Date	of Dis	sburse	7286 ement			_
	Mailing Address PO Box 12612					0 7	M /	<sup>D</sup> 2	0 /	<sup>*</sup> 2	2011	Y
	City San Antonio	State Zip Code TX 78212				Amou	ınt of	Each	Disbur			
	Purpose of Disbursement 2012 Primary Contribution Candidate Name				1	L.				10	00.00	
	Charles A. Gonzalez	2010		Тур	jory/ e							
	Office Sought:  X House Senate President  State: TX District: 20	rsement For: 2012  X Primary General  Other (specify) ▼										
_											00.00	

В.

C.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only	one) ] 22
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology Inc	Political Committee (OPH	ITHPAC)	
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy			Transaction ID: 25667-49413698911667 Date of Disbursement
Mailing Address PO Box 127			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & B \\ 1 & 8 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 1 & 1 \\ & 2 & 0 & 1 & 1 \end{bmatrix} $
City Cheshire	State Zip Code CT 06410		Amount of Each Disbursement this Period
Purpose of Disbursement void ck reported on 6/21/11.		011	-5000.00
Candidate Name Christopher S. Murphy		Category/ Type	
· —	ement For: 2012 Primary General Other (specify)	,	
Full Name (Last, First, Middle Initial)			Transaction ID: 72868-2664300799369
Denham for Congress			Date of Disbursement
Mailing Address 2150 River Plaza Dr., #1	50		$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D & 2 & D \\ 2 & 0 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} Y$
City Sacramento	State Zip Code CA 95833		Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Contribution		011	1000.00
Candidate Name Jeffrey Denham		Category/ Type	
, X	ement For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			T ID 04054 0004404700744
Engel for Congress			Transaction ID: 81654-6994134783744  Date of Disbursement
Mailing Address 462 California Road			$\begin{bmatrix} \begin{smallmatrix} M & T & M \\ O & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & T & T \end{bmatrix} $
City Bronxville	State Zip Code NY 10708		Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Contribution		011	2000.00
Candidate Name Eliot L. Engel		Category/ Type	
Senate X President	ement For: 2012 Primary General Other (specify)		
State: NY District: 17			
SUBTOTAL of Disbursements This Page (optional)		<u></u>	-2000.00

TOTAL This Period (last page this line number only) .....

Transaction ID: 72868-337780  Detailed Summary Page  Date of Disbursement Detailed  Date of Disbursement  Date		Use separate schedule	FOR LINE NUMBER: PAG   (check only one)	E 69 / 74
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)  Full Name (Last, First, Middle Initial) Friends of Cliff Stearns  Mailing Address PO Box 308  City State Zip Code FL 34489  Purpose of Disbursement 2012 Primary Contribution Candidate Name Clifford B. Stearns  Office Sought: X House Senate PA 19375  Purpose of Disbursement Contribution Candidate Name Joseph R. Pitts  Office Sought: X House Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Soam Johnson  Office Sought: X House Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Soam Johnson  Office Sought: X House Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Soam Johnson  Office Sought: X House President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Soam Johnson  Office Sought: X House President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Office Sought: X House President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Office Sought: X House President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Office Sought: X House President Trype  Other (specify) ▼  Amount of Each Disbursement this Disbursement Trype  Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Disbursement Trype  Other (specify) ▼	DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 [	
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)  Full Name (Last, First, Middle Initial) Friends of Cliff Stearns  Mailing Address PO Box 308  City State Zip Code FL 34489 Purpose of Disbursement 2012 Primary Contribution Candidate Name Clifford B. Stearns  Office Sought: X House Senate President State: FL District: 06  Full Name (Last, First, Middle Initial) Friends of Joe Pitts  Office Sought: X House President State: FL District: 06  Full Name (Last, First, Middle Initial) Friends of Joe Pitts  Office Sought: X House PA 19375  City State Zip Code PA 19375  Office Sought: X House PA 19375  City Category/ Type  Office Sought: X House PA 19375  City Category/ Type  Office Sought: X House PA 19375  City Category/ Type  Office Sought: X House President Presi			by any person for the purpose of soliciting cont	ributions
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)  Full Name (Last, First, Middle Initial) Friends of Cliff Stearns  Mailing Address PO Box 308  City Springs State Zip Code FL 34489  Purpose of Disbursement 2012 Primary Contribution Candidate Name Clifford B. Stearns  Office Sought: X House President District: 06  Full Name (Last, First, Middle Initial) Friends of Joe Pitts  Mailing Address PO Box 775  City State Zip Code PA 19375  Purpose of Disbursement Contribution Candidate Name Oseph R. Pitts  Office Sought: X House Senate President Contribution Candidate Name Oseph R. Pitts  Office Sought: X House Senate President Contribution Candidate Name (Last, First, Middle Initial) Friends of Sam Johnson  Mailing Address PO Box 860096  City State Primary Ceneral Disbursement For: 2012 X Primary General Other (specify) ▼  Transaction ID: 81654-635692 Date of Disbursement  Office Sought: X House Senate President Other (specify) ▼  Transaction ID: 72868-843914 Date of Disbursement this  Transaction ID: 72868-843914 Date of Disbursement  Office Sought: X House Senate President Other (specify) ▼  Amount of Each Disbursement this  Transaction ID: 72868-843914 Date of Disbursement  Office Sought: X House Senate President  Other (specify) ▼  Transaction ID: 72868-843914 Date of Disbursement  Office Sought: X House Senate President  Office Sought: X House Senate		and address of any point		
Transaction ID: 81654-635692 Date of Disbursement    Disbursement   Disbursement	• •	Political Committee (C	HTHPAC)	
City State Springs State Zip Code Silver Springs State Senate President State: FL District: 06  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Malling Address PO Box 860096  City Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Malling Address PO Box 860096  City State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Joseph R. Pitts  Office Sought: X House Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Malling Address PO Box 860096  City State Zip Code Disbursement For: 2012 X Primary General Other (specify) ▼  Transaction ID: 81854-635692 Date of Disbursement this Date of Disbursement Date of Disbursement Date D				377801775
City Springs   FL   34489   2500.0  Purpose of Disbursement   2500.0  Purpose of Disbursement   2500.0  Candidate Name   Citiford B. Stearns   City   Fresident   Cother (specify)   ▼    City   Category/ Type   City   Category/ Type   City   Category/ Type   City   Category/ Type   City   City   Category/ Type   Category/ Type   City   Category/ Type   City   Category/ Type   Cate	f Cliff Stearns			Y _ Y _ Y
Silver Springs FL 34489  Purpose of Disbursement 2012 Primary Contribution Candidate Name Clifford B. Stearns Office Sought:	dress PO Box 308		07 20	2011
Purpose of Disbursement 2012 Primary Contribution Candidate Name Clifford B. Stearns  Office Sought:			Amount of Each Disburseme	ent this Period
Cardidate Name Clifford B. Stearns  Office Sought: X House Senate President State: FL District: 06  Full Name (Last, First, Middle Initial) Friends of Joe Pitts  Mailing Address PO Box 775  City Unionville PA 19375  City Unionville PA 19375  Office Sought: X House Joseph R. Pitts  Office Sought: X House Senate President  Disbursement Office Sought: X House Senate Plano TX 75086  Purpose of Disbursement Office Sought: X House Senate Plano TX 75086  Purpose of Disbursement Office Sought: X House Senate Plano TX 75086  Purpose of Disbursement Office Sought: X House Senate Plano TX 75086  Purpose of Disbursement Office Sought: X House Senate Plano TX 75086  Purpose of Disbursement Office Sought: X House Senate Piresident Office Sought: X House Senate President Office Sought: X House President Office Sought:	Disbursement			:500.00
Office Sought:	Name		Category/	
Senate President State: FL District: 06  Full Name (Last, First, Middle Initial) Friends of Joe Pitts  Mailing Address PO Box 775  City State Zip Code PA 19375  Purpose of Disbursement Contribution Candidate Name Joseph R. Pitts  Office Sought: X House President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Mailing Address PO Box 860096  City State Zip Code PA 19375  Purpose of Disbursement For: 2012 X Primary General Disbursement For: 2012 Amount of Each Disbursement Date of Disbursement For: 2012 Amount of Each Disbursement this Disbursement For: 2012 Amount of Each Disbursement For: 2012 Amount of Each Disbursement Date of Disbursement Date Date of Disbursement Date Date of Disbursement Date Date of Disbursement Date Date Date Date Date Date Disbursement Date Date Date Date Date Date Date Dat		nent For: 2012	Туре	
State: FL District: 06  Full Name (Last, First, Middle Initial) Friends of Joe Pitts  Mailing Address PO Box 775  City State Zip Code PA 19375  Purpose of Disbursement Contribution Candidate Name Joseph R. Pitts  Office Sought: X House Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Mailing Address PO Box 860096  City State Zip Code Type  Amount of Each Disbursement this  1000.01  Transaction ID: 81654-635692  Date of Disbursement this  1000.01  Amount of Each Disbursement this  1000.01  Transaction ID: 72868-843914  Date of Disbursement  Office Sought: X Primary General  Office Sought: State Zip Code TX 75086  Purpose of Disbursement 2012 Primary Contribution  Candidate Name Samuel Robert Johnson  Office Sought: X House Senate President  Disbursement For: 2012  Amount of Each Disbursement  Office Sought: N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Senate X I	Primary Genera		
Friends of Joe Pitts  Mailing Address PO Box 775  City State Zip Code PA 19375  Purpose of Disbursement Contribution Candidate Name Joseph R. Pitts  Office Sought: X House Senate President Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Mailing Address PO Box 860096  City State Zip Code Type  Other (specify) ▼  Transaction ID: 72868-843914  Date of Disbursement Disbursement this  1000.01  Transaction ID: 72868-843914  Date of Disbursement Disbursement this  Transaction ID: 72868-843914  Date of Disbursement this  1000.01  Transaction ID: 72868-843914  Date of Disbursement Unity Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Other (specify)		
Mailing Address PO Box 775  City State Zip Code PA 19375  Purpose of Disbursement Contribution Candidate Name Joseph R. Pitts  Office Sought: X House Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Mailing Address PO Box 860096  City State Zip Code Type  Disbursement For: 2012 Senate President Other (specify) ▼  Transaction ID: 72868-843914  Date of Disbursement  Office Sought: Transaction ID: 72868-843914  Date of Disbursement  Office Sought: Transaction ID: 72868-843914  Date of Disbursement  Office Sought: State Zip Code TX 75086  Purpose of Disbursement 2012 Primary Contribution  Candidate Name Samuel Robert Johnson  Office Sought: X House Senate President Other (specify) ▼	,			356927752
City Unionville PA 19375  Purpose of Disbursement Contribution Candidate Name Joseph R. Pitts  Office Sought: X House Senate President State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Mailing Address PO Box 860096  City State Zip Code TX 75086  Purpose of Disbursement Dother (specify) ▼  Transaction ID: 72868-843914  Date of Disbursement Dother (specify) ▼  Amount of Each Disbursement 1000.00  Transaction ID: 72868-843914  Date of Disbursement Dother (specify) ▼  Amount of Each Disbursement Dother (specify) ▼  Transaction ID: 72868-843914  Date of Disbursement Dother (specify) ▼  Amount of Each Disbursement Dother Disbursement this Dother (specify) ▼ 2 0 1  Amount of Each Disbursement Dother Disbursement Tx Type  Office Sought: X House Senate President Disbursement For: 2012  X Primary General Disbursement For: 2012				2 0 1 1
Unionville PA 19375  Purpose of Disbursement Contribution  Candidate Name Joseph R. Pitts  Office Sought: X House Senate President  State: PA District: 16  Full Name (Last, First, Middle Initial) Friends of Sam Johnson  Mailing Address PO Box 860096  City State Zip Code Plano TX 75086  Purpose of Disbursement 2012 Primary Contribution  Candidate Name Samuel Robert Johnson  Office Sought: X House Sanate President  Other (specify) ▼  Transaction ID: 72868-843914  Date of Disbursement  Other (specify) ▼ 2 0 1  Amount of Each Disbursement this  1000.01  Transaction ID: 72868-843914  Date of Disbursement  Other (specify) ▼ 2 0 1  Amount of Each Disbursement this  1000.01  Transaction ID: 72868-843914  Date of Disbursement  Other (specify) ▼ 2 0 1  Amount of Each Disbursement this  1000.01  Other (specify) ▼ 2 0 1  Other (specify) ▼ 3 0 1  Other (specify) ▼ 4 0 1  Other (specify) ▼ 5 0 1			07	2011
Contribution  Candidate Name Joseph R. Pitts  Office Sought:		•	Amount of Each Disbursement	ent this Period
Candidate Name Joseph R. Pitts  Office Sought:				00.00
Senate President Other (specify) Volter			Category/	
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s	) FOR LINE (check only	NUMBER: PAGE 71 / 74 y one)
NAME OF COMMITTEE (in Full)  NAME OF COMMITTEE (in Full)  NAME OF COMMITTEE (in Full)  Name (Last, First, Middle Initial) Legpac  Mailing Address 38 Ivy St., SE  City State Zip Code DC 20003  Purpose of Disbursement 2011 Contribution Candidate Name Legpac  Office Sought: House Disbursement For: 2011  Full Name (Last, First, Middle Initial) Michael Burgess for Congress  Mailing Address PO Box 2334  City State Zip Code Dc 20003  Purpose of Disbursement Box Ontribution  Candidate Name Legpac  City State Zip Code Dc 20003  Amount of Each Disbursement this Period  Transaction ID: 81654-09847658872  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: 81654-00562685728  Date of Disbursement In Source In		Detailed Summary Page	27	28a 28b 28c 29 30
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